Child immunisation by 1990

*222. SHRI CHIMANBHAI MEHTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to a news-item which appeared in 'Hindustan Times' dated the 27th October, 1985 under the caption "Child immunisation by 1990";

(b) whether it is a fact that (i) every day 500 children are paralysed, (ii) a quarter million children die of noonatal tetanas annually, (iii) 400,000 children die of T.B. every year and (iv) a million die of whooping cough every year in the country;

(c) if not, what according to Government's assessment are the correct figures in this regard; and

(d) what are the details of the steps being taken to deal with this situation?

THE MINISTER OF STATE IN THE DEPARTMENT OF HEALTH IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir.

(b) to (d) A statement is laid on the Table of the Sabha.

statement

The information available with the Government is based on sample survey of 1981, and 1982 conducted by the Diractorate General of Health Services, Government of India with the collaboration of the State Governments and according to it, the annual incidence rate of Poliomylitis ranged between 1.5 to 1.7 and 1.5 and 1.9 per 1000 children 0-4 years of age, in the urban and rural areas respectively. In the case of neo-natal tetanus the mortality rate was found to be 3.2 per 1000 live births, in the urban areas and 13.3 per 1000 live births in the rural areas. As for the incidence of whooping cough, estimates prepared by the WHO, in the year 1985, for developing countries are relied upon. According to them, 80 per cent of the children in unimmunised communities will develop whooping cough. There are no specific estimates for the incidence of T.B. among children.

The Government have taken up an ambitious programme to immunize children against these vaccine preventable diseases by starting the Expanded Programme on Immunization in 1978-79. In order to give a better thrust, the Universal Immunisation Programme has also been started from 1985-86. It is expected to give universal coverage to all infants and pregnant women by 1990. This is a Centrally sponsored programme with entira cold chain and vaccines supplied by the Government of India to the States, and executed by a part of the staff provided specifically for this purpose and for family welfare by the Government of India and, the regular health staff of the State Governments.

SHRI CHIMANBHAI MEHTA: Sir, it is mentioned here that certain kinds of diseases like tetanus and others are taking a much greater toll in the rural areas. And the figures are very revealing. What is this universal immunisation programme that is going to be embarked upon in this year. Would she give the major details of this programme?

KUMARI SAROJ KHAPARDE: Are you asking me about the survival of the child programme?

SHRI CHIMANBHAI MEHTA: Major details of the programme.

KUMARI SAROJ KHAPARDE: Sir, for the effective implementation of the survival of the child programme, immunisation will be supported by the treatment of diphtheria with oral rehydration therapy, and treatment of respiratory infactions in young children. It is also proposed to establish an institute of maternal and child health care in the near future which will impart training in different aspects of child health.

SHRI CHIMANBHAI MEHTA: Sir, what is the number of casualties of children due to diseases of diptheria, whooping cough, tetanus, polio, T.B. and measles?

MR. CHAIRMAN: Put an unstarred question.

SHRI PARVATHANENI UPENDRA: Sir, mere immunisation programme is not enough. A comprehensive health check up of children, al least of the school-going children is very necessary. For example, some of the State Governments, particularly the Government of Andhra Pradesh, have introduced this kind of a programme for getting children checked up for diseases in all the schools. Will the Hon. Minister consider aiding such States which have taken up this comprehensive medical check up school health programme? As a Central scheme also will they introduce such a programme and assist the States in implementing it?

SHRI P. V. NARASIMHA RAO: Sir, the school health programme is a very important programme. In the recent meeting of the Central Council of Health I actually referred to what is proposed to be done in Andhra Pradesh. From the literature we find that some good programme is being undertaken but then it has still to come into stride, as I know it. I have discussed it with the officials of the Andhra Pradesh Government and I have commended some such pattern for the other States also. We are going into it on the Human Resource Development side also in the Education Department, and this matter is being taken up in all seriousness. We will have to find funds. We will have to work along with the State Governments and see what they can find and in what way we can supplement. After all, it is their programme essentially. So, this will have to be looked into. The idea is accepted.

श्री वीरेन्द्र वर्मा : सभापति महोदय, माननीय मंत्री जी के स्टेटमेंट से जाहिर है कि पोलियो, टिटनेस और काली खांसी ये सभी रोग शहरों के मुकाबले गांवों में अधिक है और विश्व स्वास्थ्य संगठन ने विकासशील देशों के लिये जो 1985 में अनुमान तैयार किये थे, जिसको सरकार स्वीकार करती है, उसमें भी लिखा है कि 80 प्रतिशत रोग प्रतिरक्षित न किये गये समुदायों के बच्चों को होते हैं। काली खांसी, वह भी गांवों में अधिक है। तो गांवों की ऐसी स्थिति को देखते हुये कि हर प्रकार के भयंकर रोग गांवों में अधिक हैं शहरों के मुकाबले, तो क्या कोई विशेष व्यवस्था माननीय मंत्री जी इन रोगों से उनको बचाने के लिये करेंगे ?

श्री पी० वी० नरसिंह राव : यह तो पूरा यूनिवसल इम्युनिसेशन प्रोग्राम का एक भाग है और मैं कह चुका हूं कि सन् 1990 तक यानी सातवीं पंचवर्षीय योजना के समाप्त होने से पहले पूरा कवरेज सारे गांवों को, शहरों का, सारी हमारी आबादी का हो जायगा। पिछले साल हमने 30 जिले लिये थे, इस साल 60 लिये हैं और अगले साल 90 लेंगे, इस तरह से जो आखिरी साल हमारी योजना का होगा, उससे पहले जितने बचेंगे, वे सारे लिये जायेंगे। तो इस योजना के अन्त तक सारे देश को कवर करने का पूरा संकल्प बना है।

श्री राम चन्द्र विकल : सभापति जी, मैं माननीय मंत्री जी से यह जानना चाहता हूं कि जो बच्चों में भयंकर बीमारी—काली खांसी, टिटनेस, लकवा और डिपथेरिया है, पहले तो इस की जांच के लिये, चेकअप के लिये और दूसरा इन बीमारियों को दूर करने के लिये, जो बीमार बच्चे हैं उनकी दवादारू के लिये कुछ चलते-फिरते अस्पताल गांव में तुरन्त भेजने की कोई आपकी व्यवस्था है क्या ? सातवीं पंचवर्षीय योजना तो बहुत लम्बी होगी, मंत्री महोदय। फौरन कोई व्यवस्था चलते-फिरते अस्पतालों की क्या आपकी है ताकि इन बीमारियों का चेकअप भी हो और उनकी दवा भी हो ?

श्री पी० वी० नरसिंह राव : यह तो संभव नहीं होगा। हम दो-दो तरीके, तीन-

तीन तरीके एकदम चलाने शुरू कर देंगे तो एक भी नहीं चलेगा । एक प्रोग्राम बना है, पांच साल का प्रोग्राम है, पूरा होने वाला है । अभी हम 90 जिले तो ले चुके हैं, अगले साल और 90 ले लेंगे । तो यह दो-तीन साल की बात है और जहां आई०सी० डी०एम० प्रोग्राम इस वक्त चल रहे हैं बच्चों के लिये, उन्हीं जिलों में जहां तक संभव हो, इस कार्यक्रम को भी लेने की कोशिश हो रही है ताकि दोनों मिलकर जितना फायदा पहुंचना चाहिये, उतना फायदा लोगों को पहुंचे ।

PROF. B. RAMACHANDRA RAO: Sir, immunisation is one of the five identified areas of technology by the Prime Minister. I wonder whether a part from the difficulties of lack of trained health workers and difficulties of reaching the remote villages, these vaccines are highly sensitive to temperature and many of the polio vaccines which are sent to villages, have lost their efficacy because they are not preserved at the appropriate temperature. What steps are being taken to provide mini-refrigerators or refrigerated vans and even solar cell controlled coolers so that these vaccines will have their efficacy when they are delivered to various areas?

SHRI P. V. NARASIMHA RAO: This is what is called by the generic name of cold-chain. In this cold-chain, may be, there are some links which are not as efficient as they should be and as we know the chain is as strong as the weakest link. We cannot generalise but we can say that there are instances where the cold-chain has not been continuously there, or strong enough throughout. So, wherever certain breakdowns take place, they will have to be looked into. This is a matter which will have no permanent remedy as such, it will have to be done wherever there is breakdown. There may be electricity breakdown, whether it is for more than 24 hours, all this will have to be looked into. Now, the thermocol that we have, can retain the efficacy of the vaccine for 24 hours. But in some villages we know—as farmers we know, as villagers we know—that electricity could go for more than 24 hours. In that case, the efficacy is lost to some extent. So, all this will have to be looked into on a continuing basis. I can assure the House that this is being looked into and we have registered some improvement already.

SHRI MURLIDHAR CHANDRAKANT BHANDARE: Mr. Chairman, the largest infant mortality as set out in the statement of the Minister is on account of neonatal tetanus; 3.2 per thousand in the urban areas and 13.3 per thousand live births in the rural areas. This is due to a variety of courses. Firstly, there are traditional practices, attendants on birth where after cutting the umbilical cord, you apply ash which causes infection and results in neo-natal tetanus, unhygienic conditions in which deliveries are performed, and also untrained personnel who attend at the time of delivery—what steps are being taken for eliminating these causes, such as traditional practices, untrained attendants, and unhygienic conditions?

SHRI P. V. NARASIMHA RAO: Training of village *dais* has been taken up and is being intensified. Hon. Members will appreciate that this cannot be done overnight. But this is being taken up on a massive scale and we hope in the near future all the *dais* attending on child births anywhere in the country would at least have a modicum of knowledge and efficiency. It is true in some cases tetanus is caused by certain unhygienic methods but those can be remedied in course of time by better training which is being undertaken.

DR. G. VIJAYA MOHAN REDDY: We commend universal immunization programme and the great efforts Government of India is taking in this regard. But I want to say that nutrition is the most important factor for the child because it alone can make the mechanism of immunity succeed and throw up high level of antibodies in the children. What does the Government propose to do in this regard?

SHRI P. V. NARASIMHA RAO: Sir, I will have to put on my other hat and say that the nutrition programme is a part of the I.C.D.S. It goes alongwith the I.C.D.S. But funds have to come from the State Governments. The whole programme is being integrated. We are making that attempt. I think, it will be possible for us to inform the House at some point of time in the near future that the entire, programme, all the ingredients of the programme, whether they fall under the Health Ministry or the I.C.D.S. or the Education Department, have been integrated into one. This is the effort that we are making at the moment.

Karur-Dindigul-Madurai-tuticorin . Broad Gauge Project

*223. SHRI V. GOPALSAMY:†
SHRI K. GOPALAN:

Will the Minister of RAILWAYS be pleased to state:

(a) the total amount of funds allocated so far for Karur-Dindigul-Madurai-Tuticorin-Tirunelveli Broad Gauge line this year;

(b) the amount of money which has been spent till date;

(c) the extent of work done till date on this line; and

(d) by when this line is likely to become operational?

THE MINISTER OF STATE OF THE MINISTRY OF RAILWAYS (SHRI MADHAVRAO SCINDIA): (a) Rs. 7.20 crores.

(b) Expenditure up to 10/86 is approximately Rs. 33.19 crores.

(c) The parallel BG line from Talaiyuthu to Millavittan has been opened to goods traffic in May, 1985. The work of Millavittan-Tuticorin Harbour (11.3 Kms.) link has been completed. Progress on Karur-Dindigul new line is 56 per cent upto September, 1986. Work on parallel BG line between Dindigul and Madurai is in preliminary stages.

(d) Commissioning of the complete project will depend on availability of resources in the coming years.

SHRI V. GOPALSAMY: Mr. Chairman, this important project needed by the passenger and industrial traffic in the southern end of Tamil Nadu has more or less been abandoned. The physical work on the projects is going on at a snail's pace. The Minister, in his reply, has said that the parallel B.G. line from Talaiyuthu to Milavittan has been opened to traffic in May, 1985. Sir, the goods traffic is now being carried via Trivandrum, which is a roundabout route, as has been pointed out by the Comptroller and Auditor-General in his report last year.

Work on the Dindigul-Madurai line has not been taken up at all. I have visited the area. I would like to know the reason, why you have not started the work between Dindigul and Madurai? I would also like to know, what is the balance of the sanctioned cost? When the then Railway Minister, Shri Ghani Khan Choudhury visited Madurai, representatives of the Madurai-Ramnad Chamber of Commerce had made a representation to the Minister. He then made an announcement that Rs. 10 crores more will be allotted. But this did not materialise. Sir, the funds allotted are very meagre. Will he allot more funds and expedite the work between madurai and Dindigul?

SHRI MADHAVRAO SCINDIA: Sir, I think, if the hon. Member wants to say that the work on this particular line is abandoned, we have to change the definition of 'abandoned'. This project has been divided into two phases. Phase I: Stage I: The line from Talaiyuthu to Milavittan has been completed; from Milavittan to Tuticorin Harbour, it is an

†The question was actually asked on the floor of the House by Shri V. Gopalsamy.